PTO/SB/06 (08-01)

Approved for use through 7/31/2006. OMB 0651-003

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN (Column 1) (Column 2) SMALL ENTITY OR SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA BASIC FEE RATE FEE RATE (37 CFR 1.16(a)) FEE TOTAL CLAIMS OR (37 CFR 1.16(c)) minus 20 = INDEPENDENT CLAIMS OR (37 CFR 1.16(b)) minus 3 = OR X S MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR * If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) OR OTHER THAN SMALL ENTITY CLAIMS SMALL ENTITY HIGHEST REMAINING NUMBER PRESENT 30 RATE ADDI-**AFTER** PREVIOUSLY RATE **EXTRA** ADDI-TIONAL AMENDMENT PAID FOR TIONAL FEE MENDMI Total Minus FEE (37 CFR 1.16(c)) X S Independent (37 CFR 1.16(b)) OR Minus 6 X S x s Ə60= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) CLAIMS HIGHEST Φ REMAINING NUMBER PRESENT ENT RATE AFTER AMENDMENT ADDI-**PREVIOUSLY** RATE **EXTRA** ADDI-TIONAL PAID FOR TIONAL FEE ENDM Total (37 CFR 1.16(c)) Minus FEE Independent (37 CFR 1.16(b)) OR Minus OR X \$ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST O REMAINING NUMBER PRESENT ENDMENT RATE **AFTER** ADDI-**PREVIOUSLY** RATE **EXTRA** ADDI. AMENDMENT TIONAL PAID FOR TIONAL Total (3) CFR 1.16(c)) FEE Minus FEE OR X S Minus OR X \$ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE If the entry in column 1 is less than the entry in column 2, write "0" in column 3. OR ADD'L FEE "If the "Highest Number Previously Pald For" IN THIS SPACE is less than 20, enter "20".

If the "Highest Number Previously Pald For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the This collection of information is required by 37 CFR 1.16. The information is required to obtain of retain a benefit by the public which is to life (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 **CLAIMS AS FILED - PART I** SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE OR SMALL ENTITY **TOTAL CLAIMS** RATE FEE RATE FEE **FOR** OR BASIC FEE NUMBER FILED **NUMBER EXTRA** BASIC FEE 385.00 770.00 TOTAL CHARGEABLE CLAIMS - minus 20= XS 9= X\$18= OR INDEPENDENT CLAIMS minus 3 =X43= X86= OR MULTIPLE DEPENDENT CLAIM PRESENT +145= +290= OR * If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL **CLAIMS AS AMENDED - PART II** OTHER THAN SMALL ENTITY OR (Column 1) **SMALL ENTITY** (Column 2) (Column 3) CLAIMS HIGHEST ADDI-4 ADDI-REMAINING NUMBER PRESENT AMENDMENT TIONAL RATE **AFTER PREVIOUSLY** RATE TIONAL **EXTRA AMENDMENT** PAID FOR FEE FEE Total Minus X\$ 9= X\$18= OR Minus Independent X43= X86= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145= +290= OR TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST 8 ADDI-ADDI-REMAINING NUMBER **PRESENT AMENDMENT** AFTER **PREVIOUSLY** RATE TIONAL **EXTRA** RATE TIONAL AMENDMENT PAID FOR FEE FEE Total Minus X\$ 9= X\$18= OR Independent Minus X43= X86= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145= +290= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ပ REMAINING ADDI-ADDI-NUMBER PRESENT EN **AFTER PREVIOUSLY** RATE TIONAL RATE **EXTRA** TIONAL **AMENDMENT** PAID FOR FEE FEE AMENDM Total Minus ** X\$ 9= X\$18= OR Independent Minus X43= X86= FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR +145= +290= OR * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter "20." TOTAL TOTAL ADDIT. FEE ADDIT. FEE ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Application or Docket Number